



Nebraska State Fire Marshal

Fuels Division

246 South 14th Street -- Lincoln, NE 68508
402-471-9465

Notification of Change Of Ownership for Underground Storage Tanks

SFM Facility # _____

State Use Only

Indicate Date of Ownership Change: _____

Date Received: _____ Data Entry: _____

Owner contacted to clarify: COMMENTS _____

INSTRUCTIONS AND GENERAL INFORMATION

Please type or print in ink.

Who Must Notify? Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as: In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation. Also, any facility with changes to facility information or UST system status, must submit an amended notification form.

Where To Notify? Send completed forms to:

**Nebraska State Fire Marshal
Fuels Division--FLST Section
246 South 14th Street
Lincoln, NE 68508**

When To Notify? 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.

I. Ownership of UST(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity) _____

Street Address _____

County _____

City _____ State _____ Zip Code _____

Phone Number (Include Area Code) _____

Email (Optional) _____

II. Site Location of UST(s)

Facility Name _____

Street Address _____

County _____

City _____ State _____ Zip Code _____

If required, give the geographic location of USTs by degrees, minutes, and seconds.
Example: Latitude 42° 36' 12" N, Longitude 85° 24' 17" W

Latitude _____ Longitude _____

III. Type of Owner

- ☐ State or Local Government
☐ Federal Government
☐ Private or Corporate

IV. Indian Country

☐ USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries.

☐ USTs are owned by a Native American nation or tribe

Tribe or Nation where USTs are located: _____

V. Type of Facility

- ☐ Marketing (including Bulk Plants)
☐ Non-Marketing
☐ Government

VI. Contact Person In Charge of Tanks

Name _____ Job Title _____ Phone _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and title of owner/owner's authorized representative

Signature

Date Signed